



Application for Re-Certification

Change of Address:

Certification Number: _____

Applicator Type: _____

Category:	1A	Agricultural Plant	7A	General Pest Control
	1B	Agricultural Animal	7B	Wood Destroying Pest Control
	1C	Fumigation of Soil & Ag. Comm.	7C	Fumigation Pest Control (non-ag)
	02	Forest	7D	Wood Preservatives
	03	Ornamental & Turf	7E	Institutional & Maintenance
	04	Seed Treatment	7F	Cooling Tower
	5A	Aquatic	7G	Miscellaneous
	5B	Anti-fouling Paint	08	Public Health
	5C	Mosquito	09	Regulatory
	06	Right-of-Way	10	Demonstration and Research

Current Employer: _____
Company Name

Address City State Zip

Home Phone Work Phone

I, _____, hereby apply for re-certification as a Pesticide
Applicator in accordance with provisions of 3 Del C., Part II, Chapter 12, Section 1215-1223.

Signature Date

CHECK/MONEY ORDER – FEE \$30.00

NEW!!!

CREDIT CARD – FEE \$30.00

Make Check or Money Order

Payable to:

**Delaware Department of
Agriculture**

☐ Visa

Billing Name:

Credit Card Billing

Address:

City/State/Zip:

Credit Card Number:

Expiration Date:

Authorization:

☐ Mastercard

☐ Discover

CVC#

Month Year

Month Year

- Government agency employees who apply or supervise the application of pesticides are exempt from the fee requirement if pesticide use is related to official duties.